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U.S.PTO

PTO/SB/05 (06-03)

Approved for use through 07/31/2003. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No.	14364US16
		First Inventor	Joseph J. Kubler
		Title	HIERARCHICAL DATA COLLECTION NETWORK SUPPORTING PACKETIZED VOICE COMMUNICATIONS AMONG WIRELESS TERMINALS AND TELEPHONES
		Express Mail Label No.	EV 304938272 US

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO:	Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450														
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)															
2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i>		8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>															
3. <input checked="" type="checkbox"/> Specification <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Description of the Drawings <i>(if filed)</i> -Detailed Description -Claim(s) -Abstract of the Disclosure 		a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper 															
		c. <input type="checkbox"/> Statements verifying identity of above copies															
ACCOMPANYING APPLICATION PARTS <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> 9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s)) </td> <td style="vertical-align: top; width: 50%;"> 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> </td> </tr> <tr> <td style="vertical-align: top;"> 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> </td> <td style="vertical-align: top;"> 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations </td> </tr> <tr> <td colspan="2"> 13. <input checked="" type="checkbox"/> Preliminary Amendment </td> </tr> <tr> <td colspan="2"> 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> </td> </tr> <tr> <td colspan="2"> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> </td> </tr> <tr> <td colspan="2"> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b) (2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. </td> </tr> <tr> <td colspan="2"> 17. <input type="checkbox"/> Other: </td> </tr> </table>				9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s))	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>	11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	13. <input checked="" type="checkbox"/> Preliminary Amendment		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>		15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b) (2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.		17. <input type="checkbox"/> Other:	
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17. <input type="checkbox"/> Other:																	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 80]																	
5. Oath or Declaration [Total Sheets 12] <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 																	
6 <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76																	

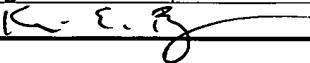
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No.: 10/141,506

Prior application information: Examiner: D. R. Vincent Art Unit: 2661

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number:	23446		OR <input type="checkbox"/> Correspondence address below
Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	
Name (Print/type)	Kevin E. Borg	Registration No. (Attorney/Agent)	51,486
Signature			Date February 20, 2004

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FEE TRANSMITTAL for FY 2004

Patent Fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$1,238.00)

Complete if Known

Application Number	unassigned
Filing Date	herewith
First Named Inventor	Joseph J. Kubler
Examiner Name	unassigned
Group Art Unit	unassigned
Attorney Docket No.	14364US16

METHOD OF PAYMENT				FEE CALCULATION (continued)																																																																																																																											
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">13-0017</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">McAndrews Held & Malloy</div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 </div>				3. ADDITIONAL FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity Fee Code (\$)</th> <th style="text-align: left;">Small Entity Fee Code (\$)</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td style="text-align: right;">65</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td style="text-align: right;">25</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td style="text-align: right;">130</td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td style="text-align: right;">2,520</td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td style="text-align: right;">920*</td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td style="text-align: right;">1,840*</td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td style="text-align: right;">55</td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td style="text-align: right;">210</td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td style="text-align: right;">475</td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td style="text-align: right;">740</td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td style="text-align: right;">1,005</td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td style="text-align: right;">165</td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td style="text-align: right;">165</td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td style="text-align: right;">145</td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td style="text-align: right;">1510</td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td style="text-align: right;">55</td></tr> <tr><td>1453</td><td>1,330</td><td>2453</td><td style="text-align: right;">665</td></tr> <tr><td>1501</td><td>1,330</td><td>2501</td><td style="text-align: right;">665</td></tr> <tr><td>1502</td><td>480</td><td>2502</td><td style="text-align: right;">240</td></tr> <tr><td>1503</td><td>640</td><td>2503</td><td style="text-align: right;">320</td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td style="text-align: right;">130</td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td style="text-align: right;">50</td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td style="text-align: right;">180</td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td style="text-align: right;">40</td></tr> <tr><td>1809</td><td>770</td><td>2809</td><td style="text-align: right;">385</td></tr> <tr><td>1810</td><td>770</td><td>2810</td><td style="text-align: right;">385</td></tr> <tr><td>1801</td><td>770</td><td>2801</td><td style="text-align: right;">385</td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td style="text-align: right;">900</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> </tbody> </table>				Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	1051	130	2051	65	1052	50	2052	25	1053	130	1053	130	1812	2,520	1812	2,520	1804	920*	1804	920*	1805	1,840*	1805	1,840*	1251	110	2251	55	1252	420	2252	210	1253	950	2253	475	1254	1,480	2254	740	1255	2,010	2255	1,005	1401	330	2401	165	1402	330	2402	165	1403	290	2403	145	1451	1,510	1451	1510	1452	110	2452	55	1453	1,330	2453	665	1501	1,330	2501	665	1502	480	2502	240	1503	640	2503	320	1460	130	1460	130	1807	50	1807	50	1806	180	1806	180	8021	40	8021	40	1809	770	2809	385	1810	770	2810	385	1801	770	2801	385	1802	900	1802	900	Other fee (specify) _____			
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SUBMITTED BY						Complete (if applicable)
Name (Print/Type)	Kevin E. Borg	Registration No. (Attorney or Agent)	51,486	Telephone	312-775-8000	
Signature				Date	February 20, 2004	

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